



FOR OFFICE USE ONLY			
REGION	COUNCIL NO.	DISTRICT NO.	SHIP NATIONAL NO.

QUARTERMASTER AWARD APPLICATION

BOY SCOUTS OF AMERICA

Ship No. _____ Date _____

Council _____ No. _____

Name _____

Address _____

City _____ State _____ ZIP _____

Date of Birth _____

The Following Approvals Are Required:

1. **Approval by Ship Officers (Quarterdeck)**

We certify that this Sea Explorer has satisfactorily completed the requirements for Quartermaster and lives up to the ideals of Sea Exploring.

Signed _____

Boatswain

2. **Approval by Ship Committee**

We certify that this Sea Explorer has satisfactorily completed the requirements for Quartermaster and lives up to the ideals of Sea Exploring.

Signed _____

Ship Committee

3. **Approval by Skipper**

I certify that this Sea Explorer has satisfactorily completed the requirements for Quartermaster and lives up to the ideals of Sea Exploring. He or she has been an active, registered Sea Explorer for at least 18 months and has earned the Able rank.

Signed _____

Skipper

4. **Council Approval**

We certify that this Sea Explorer appeared before a review board appointed by the Council Advancement Committee on _____ (date). We approve this application and recommend that the Boy Scouts of America authorize the Quartermaster Award for this Sea Explorer.

Signed _____

For Council Advancement Committee

Signed _____

Council Scout Executive